left ventricle and a discussion of the effects of left ventricular pressure on the accumulation of fluid in the lung.

Physicians involved in the bedside care of patients with cardiovascular monitoring will appreciate the detailed explanations in this text to questions commonly arising from house officers, nurses, and other medical personnel. Sophisticated answers to the following questions are provided: Why do intraarterial pressures differ from cuff pressures? Why is the wedge pressure measured during diastole, and when is a mean wedge pressure useful? How does one interpret ST-segment elevation or depression during individual lead monitoring? Where do you measure the wedge pressure in a patient undergoing intermittent mandatory ventilation who has both mandated and spontaneous breaths?

This text has special applicability to anesthesiologists, cardiothoracic and vascular surgeons, and other specialists involved in the monitoring of patients perioperatively. Several of the subsets of patients believed to benefit from the monitoring with right heart catheters are surgical and include patients who undergo peripheral vascular surgery and high-risk aortic surgery and patients for trauma.[3] Sections are devoted to intraoperative concerns, such as the recognition of changes in body position on the electrocardiogram (ECG), the effects of surgical retractors on the arterial pressure trace and the ECG, the effects of hypothermia on the ECG, and the recognition of developing cardiac tamponade. Most of the text, however, is also relevant to medical and cardiac patients who are critically ill without surgical problems.

In summary, this textbook is not only an atlas of pressure and electronic traces of patients with cardiovascular monitoring but also provides relevant physiologic and technical explanations of abnormal patterns. The figures are easy to visualize and generously labeled with explanatory legends. This useful combination of features will enhance the practice of those who care for patients in the perioperative period and of those who care for nonsurgical patients in the intensive care unit.

*Marilyn Haupt, MD*
*Medical Director, CCS*
*Oregon Health Sciences University*
*Portland, Ore*

## REFERENCES

1. Connors AF, Speroff T, Dawson NV, et al. The effectiveness of right heart catheterization in the initial care of critically ill patients. JAMA 1996;276:889-97.
2. Iberti TJ, Fischer EP, Leibowitz AB, et al. A multi center study of physicians' knowledge of the pulmonary artery catheter. JAMA 1990;264:2928-32.
3. Pulmonary artery catheter consensus conference: consensus statement. Crit Care Med 1997;25:910-25.
4. The American Heritage College Dictionary. 3rd ed. Houghton Mifflin Co; 1993. p. 87.

### Sudden cardiac death in the athlete

N. A. Mark Estes, Deeb Salem, Paul Wang; Armonk; 1998; Futura; 600 pages; $89.00.

Even the title catches our attention. Athletics are so high profile in our society that, unrelated to our medical activities, most will have some interest in this subject. Vascular surgeons are likely to be as, but perhaps no more, interested than other specialists. Edited and contributed to by thoughtful contributors to the field, the text is an informative compilation of the information available about this subject. The scope of the problem, information about how to identify those at risk, presumed mechanisms, and the understood role of treatment and potential approaches are outlined in a number of chapters.

The initial chapters that focus on mechanisms and identification of risk include most of the information available on those subjects. In subsequent chapters, it is often repeated. The chapter that addresses screening strategies is thoughtful and emphasizes the difficulty of defining an optimal approach on the basis of cost effectiveness alone. There are interesting subjects addressed, such as race and gender considerations, public access to defibrillation, care of the high profile athlete, the role of the sports medicine physician, legal considerations, and research imperatives.

In this text, a reader can learn about disease processes that have been implicated and related to sudden death in the athlete. The problem will be that when the reader gets there, it will be a wonderful discussion of the subject but will have little to do with sudden death in athletes. With so little being known, there is a general tendency to revert toward the mean—authors repeatedly say that until more is known, consensus conference opinions should be used to guide recommendations. This regression may provide an ultimate message that it is best to be cautious and restrictive. So little is known about the subject that the application of generalizations may be unfair to many. None of the authors address individuals' right to assess the risks on the basis of the information provided to them and then to make their own decisions about participation in sports.

The chapters are well written and well referenced. This text is a beginning. It should be the stimulus to a continued effort to better define the risk of cardiac death associated with athletics.

*John H. McAnulty, MD*
*Professor of Medicine*
*Division of Cardiology*
*Oregon Health Sciences University*
*Portland, Ore*